APPENDIX B CHAPTER 320

EMERGENCY EQUIPMENT RENTAL AGREEMENT For use with Local Govt Fire Forces' equipment hired FULLY OPERATED 1. ORDERING OFFICE (name and address) AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 3. EFFECTIVE DATES b. ending a. beginning 4. CONTRACTOR a. name and address 5. POINT OF HIRE (location when hired) THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY ____ GOVERNMENT b. SSN or Tax ID# X CONTRACTOR c. telephone number (day) d. telephone number (night) OPERATOR FURNISHED BY CONTRACTOR **GOVERNMENT** 8. TYPE OF CONTRACTOR (X appropriate boxes) ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED ☐ LOCAL GOVT. ☐ SMALL BUSINESS ☐ WOMEN OWNED ☐ LABOR SURPLUS AREA 10. NUMBER 11. WORK OR DAILY 9. ITEM DESCRIPTION 12. SPECIAL 13. GUARANTEE SINGLE SHIFT DOUBLE SHIFT (Include make, model, year, serial # and accessories) OF (8 or more hours) **OPERATORS** a. rate b. unit a. rate b. unit 14. SPECIAL PROVISIONS When equipment qualifies as more than one type, it will be paid at the rate ordered as documented on the resource order. On the first and last day of a dispatch, equipment will be paid 50% of the daily rate for periods less than 8 hours. b) Rates include 5% adjustment for equipment with foam capability, if applicable. d) Each shift shall have a separate operator or crew. Equipment will be paid for a double shift only if ordered as such and staffed with a separate operator or crew for the second shift. General Clauses to the EERA OF294 (11/04 version) are attached hereto and incorporated herein by reference. e) Montana DNRC is the responsible agency for payment of local government fire forces from Montana. Send payment package to Ordering Office listed in block 1. 15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 16. DATE 17. CONTRACTING OFFICER'S SIGNATURE 18. DATE 19. PRINT NAME AND TITLE 20. PRINT NAME AND TITLE

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